NEMA-ASTHO Joint Policy Work Group Meeting Summary
December 18, 2013
Tampa, Florida

Welcome & Introductions
Dave Maxwell of NEMA and Dr. David Lakey of ASTHO opened the meeting and quickly moved to self-introductions of attendees.

New Madrid Earthquake Catastrophic Planning: Capstone 2014 and Integration of Public Health
Jonathon Monken, Director of the Illinois Emergency Management Agency provided an overview of work being done for the Capstone 2014 Exercise, which is being driven by the states in the New Madrid seismic zone. The 2011 National Level Exercise in the New Madrid seismic zone provided many lessons learned which are now being applied to current practices. The New Madrid seismic zone is one of the most active in the United States, and the impact could affect dozens of states. Monken went over the state resource assessment, which has been completed including 16 different capabilities, which will help build Mission Ready Packages to see how much the Emergency Management Assistance Compact (EMAC) can aid in planning. Some of the capabilities listed include Incident Management Teams (IMT), Urban Search and Rescue (USAR), HAZMAT teams, critical infrastructure inspections, Medical Emergency Response Teams (ERT), water rescue assets, and debris removal.

Illinois has partnered with the Central United State Earthquake Consortium (CUSEC) to aid in planning for the Capstone 2014. The associated states include Georgia, Ohio, Virginia, South Carolina, Nebraska, Louisiana, North Carolina, Iowa, West Virginia, Oklahoma, Kansas, Wisconsin, Michigan, Maryland, and the District of Columbia. The 2014 exercise will be the largest national exercise ever conducted. One of the primary goals will be developing shared situational awareness across FEMA Regions. Over five days (in June), the exercise will focus on a range of response events and capabilities including donation management, EMAC, search and rescue, mass care, and recovery. The Department of Defense will also have an active role as issues such as dual-status command across multiple states is tested. Monken encouraged workgroup members to provide input for exercise content specific to issues such as mass care, fatality management, and situational awareness.

Priorities for the exercise include:
- Regional Communications (Interstate, FEMA Region, Interregional, and National)
- Regional Shared Situational Awareness (User Defined Common Operating Picture V2)
  Regional Transportation and Air Space Management Coordination
- Private Sector Integration
- Regional and National Resource Allocation
- DoD, NG-Mobilization Support to Civil Authorities, DCO, and SCO.

Enhancing Mutual Aid through the NEMA-ASTHO Mission Ready Packaging Project
Trina Sheets of NEMA began by discussing the importance of Mission Ready Packaging (MRP) for EMAC. MRPs ease the deployment process and ensure most of the work is accomplished pre-incident. Gerrit Bakker then went into more detail on some of the work being done by ASTHO in developing MRPs. A contract has been awarded to begin putting together MRPs from the Public Health Community and by August, ASTHO will have an inventory of what packaging would include and potentially a catalog of resources and capabilities. One issue raised was a question regarding the difference between “Public Health” and “Medical” specific to licensing for the latter. Bakker indicated the initial effort by ASTHO

will likely focus initially on Public Health issues. NEMA has provided to ASTHO a list of public health related assets which have been deployed through EMAC since 2005.

Crisis Standards of Care for a Mass Fatality Incident

Nancy Dragani, Executive Director of the Ohio Emergency Management Agency provided an overview of an exercise conducted by the state in conjunction with DoD. The event took place over seven days and centered on an Improvised Nuclear Device (IND) in Columbus, Ohio. The first issue officials had to manage was the "radiation footprint" and how it would impact neighboring jurisdictions. The second issue was the "severe damage zone" and considering the severity of the blast. Most of the challenging issues were related to public health including a go/no zone and dose rate to responders, mass fatalities, patient care, and fatality management. The exercise provided planners the opportunity to discuss difficult issues about managing a radioactive event including:

- Establishing the dose rate for responders and the zone in which survivors would not be rescues.
- Fatality management did not begin until the third day of the exercise and was found to be more challenging than initial thought. Most current doctrine for mass fatality events are for events such as plane crashes. The exercise potentially resulted in thousands of fatalities and forced officials to consider issues such as volume, retrieval, capacity, radiation risk, identification, internment, and social/cultural concerns.
- Balancing between mass and full decontamination to help manage "walking wounded" and "worried well." A process of "swift decon" was used given a simulated restriction in water supply, and many of those issues continued through post-exercise discussions.

ASTHO representatives indicated they have recently looked into the challenges surrounding a mass casualty event. Recent incidents such as the Boston Marathon bombing and the West, Texas chemical explosion provide officials the opportunity to reexamine planning assumptions and review lessons learned. In recent months, the public health community has particularly been troubled by planning for a mass casualty even while also combating assumptions by the public about the Affordable Care Act. Crisis Standards of Care becomes difficult when sectors of the public do not fully understand the breadth of the issues. The discussion touched on one of the biggest challenges faced by officials in communicating and "socializing" these issues with the public.

Coordinating Federal Emergency Preparedness Programs: Moving Forward

A panel of Jeff Bryant from the Centers for Disease Control (CDC), David Marcozzi from the Assistant Secretary for Preparedness and Response (DHHS) and Chris Logan and Katie Fox from the Federal Emergency Management Agency (FEMA) provided input and conducted a listening session on issues such as Executive Order 13527 (Coordinating Medical Countermeasure Planning), Public Health and Healthcare System THIRA/SPR Integration, and NPG Alignment with grants of the Department of Health and Human Services.

Bryant and Marcozzi provided a brief overview of current efforts by CDC and the Department of Health and Human Services to align programs, funding opportunities, and outreach to other agencies to bring preparedness programs in line with one another. The most significant issue being addressed by CDC and HHS in terms of alignment with other agencies is the coordination of Medical Countermeasures (MCM). Current outreach efforts include private sector integration, stakeholder coordination, and other various coalitions to discuss healthcare delivery options. One of the biggest challenges at this time is encouraging the private sector to adopt more robust preparedness strategies.

Fox went over resource-typing, capability estimation, current efforts of the Threat Hazard Identification and Risk Assessment (THIRA) process, and public health integration. FEMA is utilizing organizations such as ASTHO to reach out to the public health community. One of the primary goals of FEMA at this time is to push preparedness programs to the "next level." Logan focused on the status of preparedness grants and continues to request information on how (or whether) FEMA's preparedness grants are helping supports the homeland security and emergency management community as well as Public Health. A summary of the workgroup comments include:

- Some of the existing gaps in MCM planning at the federal level are how to distribute medication to populations in a short period of time. Another area of collaboration in this process would extend beyond HHS and FEMA to include the Postal Service as well.
- Some examination is occurring to look at utilizing Veteran's hospitals as a potential point of dispensing.
- Illinois is utilizing already planned exercises to integrate the private sector. The business community will provide their own injects to the exercise which will focus on mass care and other public health issues and how they work with law enforcement.
- Officials should consider alternate means of distribution such as UPS and FedEx. The federal entities such as the Postal Service and National Guard may not maintain the means by which to remain flexible enough to accommodate the massive need should a countermeasure distribution be required.
- One way by which alignment can be facilitated could be through the use of joint exercises crossing over traditional boundaries between disciplines.
- A common nomenclature could aid in bridging the gaps between public health and emergency management.
- In some states, the public health mechanism is far larger than that of the emergency management community which maintains a broad responsibility for a range of hazards. Officials should ensure buy-in from the emergency management officials prior to changing or adding requirements to avoid a "token" response.
- During the THIRA process, the "threat" and "hazard" aspects should be the responsibility of the emergency management community. The public health professional can then aid in determining the gaps in capabilities to develop a way forward in how to address those threats and hazards.
- Federal representatives noted a preference to work toward reducing overall requirements and placing the process of integration more in the hands of practitioners.

Developing a Compendium of Effective Practices for Collaboration between Emergency Management and Public Health.

Trina Sheets of NEMA lead a discussion about the development of best practices which came as a follow-up action item from a previous meeting. The discussion was a brainstorming session on potential "next steps." A summary of the discussion included:

- Consider how the multiple components of ESF 8 are integrated with Emergency Operations Centers (EOC) operations including representation. (e.g., In some states, the lead agency for nuclear power plants is the health agency.)
- Consider conducting a joint national call between NACCHO and ASTHO to explore a way forward on coordinating ESF 8.
- Have a conduit for the public health community to provide input to the State Preparedness Report. Whatever process is implemented, it must be institutionalized within the state.
- More data is required to understand the different structures within the states. A potential survey tool must be comprehensive and adequately reviewed to understand the various

organizations. Participants made it clear the ultimate goal is not to influence how states are organized, but rather gather data.
- Use a future meeting for CDC to provide additional data.
- Accommodation should be made to address turnover in state agencies. One suggestion was to integrate a framework of how emergency management and public health work together in transition documents for incoming administrations.
- Possible coordination with the National Governors Association (NGA) to include a Public Health aspect to their homeland security emergency management guide for governors.

Medical Countermeasures

Gerrit Bakker of ASTHO provided an overview of a recent report on public health emergency management countermeasures enterprise. The purpose of the report was to explore existing capabilities beyond the strategic national stockpile. One of the findings was that many ASTHO stakeholders were not fully aware of many federal programs. It also included many recommendations on issues such as federal requirements and practitioner guidance. The report is intended to examine the full enterprise and not meant to be a state-specific analysis. The document has been completed and distributed, but there remain opportunities for how the report is utilized by the community moving forward. A copy of the report was provided to workgroup members.

Jeff Bryant from CDC discussed the current MCM planning efforts with the top ten UASI jurisdictions. The CDC was tasked in the recent executive order to provide some data to FEMA regarding planning assumptions, how mass vaccination campaigns could be conducted, and provide an assessment scheme demonstrating capability gaps. Eight of the ten assessed UASI jurisdictions were at an established level of implementation for MCM. The remaining two were assessed as "advanced." Points of assessment included planning, capabilities, and implementation. The data will first be presented to HHS and then FEMA. This assessment process is due to continue in subsequent years to this initial report.

The workgroup chairs lead a conversation to explore what MCM support public health needs from the emergency management community.

- The first exposed issue was one of mutual budget constraints. Both emergency management and public health indicated reduced budgets and staffing levels.
- There also needs to be more robust public health participation in fusion center operations. Some expressed frustration with the law enforcement-centric nature of fusion centers as well as the clearance process for information that is over-classified.

Virginia's Cross-jurisdictional/Cross-Functional Information Sharing and Situation Awareness

Bob Mauskapf, the Director of Emergency Preparedness for the Virginia Department of Health provided an overview of the state's cross-jurisdictional/cross-functional information sharing and situation awareness effort. The program provides the framework for statewide administration of the Hospital Preparedness Program. The state Department of Health works with the states six healthcare regions, hospitals, and other stakeholders to coordinate governance and initiatives with the state's Hospital Emergency Management Committee. Each region develops its own regional plans, policies, and governance structure under the oversight of the Regional Coordinating Group. The project covers governance, standard operating procedures, technology, usage, and training and exercises. The pilot brings together emergency management, transportation, health, and local representatives. The year-long effort launched August 9 and will test and evaluate the draft model approach developed by a working group.

Project Updates and Group Discussion

- NHSPI Update; A handout was provided to the workgroup members and additional information is available at www.nhspi.org. The index is the first tool to measure health preparedness beyond just public health. The overall process included selecting measures, developing the structure, and receiving stakeholder input. Overall, 128 different measure were collected, groups, and utilized to assess aspects of preparedness. Five domains included Health Surveillance; Community Planning and Engagement; Incident and Information Management; Surge Management, and Countermeasure Management. The report indicates gaps in data, areas of success, and opportunities for improvement.
- NEMA Report on Deploying EMAC Resources; several states are demonstrating success in deploying private medical resources through EMAC. NEMA is joining with SDMI to survey state emergency management directors to indicate the circumstances surrounding state deployments of private, volunteer, or other medical assets through EMAC. The study will provide a roll-up of those states which are successful in this effort. Site visits will be done as a follow-up and best practices will be captured in a document to be shared. This is not intended to be a national effort, but rather a resource for states choosing to participate.
- EMAC Education; Last year, EMAC developed a webinar specific to public health and medical officials. The effort helped provide a baseline of knowledge on issues such as mission ready packaging. Given the success, the webinars will be repeated in 2014.
- New State Official Orientation; The average tenure of a state health officer is only two years, so maintaining institutional knowledge within ASTHO has been challenging. Efforts have been undertaken in the past, but in the future, more specific and coordinated efforts will be implemented. The new orientation will focus on preparedness efforts and those resources which could be useful to a new health officer.
- Awareness of Work Group Efforts; A group discussion was lead to consider ways in which awareness among NEMA and ASTHO members could be increased about those efforts of this joint workgroup. Some recommendations included encouraging members to participate in each other's exercises; look to large-scale federal exercises in the future as a means by which to include the two disciplines; look for cross-training opportunities at conferences; utilize newsletters and other communications to promote the work being done.

Identification of Action Items and Next Steps

Several action items and next steps were identified during the meeting:

1. Provide input to Jonathon Monken (or other participating states) on any specific issues which should be addressed during the Capstone 2014 Exercise.
2. If any workgroup members have input to aid ASTHO in the development of public health related MRPs, contact Gerrit Bakker of ASTHO.
3. Conduct additional environmental scan on resources that are available nationally that currently exist on addressing crisis standards of care for mass fatalities. Plan for future discussion on public discourse on these issues.
4. Use a future meeting for CDC to provide additional data on a potential compendium of best practices for collaboration. Findings from risk based pilot project to present to group – whole community engagement. Data collection by NACCHO and ASTHO.
5. Develop an outline to show what a project might look like to collect data determining how states are organized operationally specific to public health and emergency management including both the planning process and response activities. Consider data already collected by NACCHO as part of overall examination.

6. Develop recommendations/issues to present to FDA regarding medical countermeasures. Encourage FDA to look at issues through a different "lens." CDC will take this on and report back.
7. NEMA will share updated information (once compiled and analyzed) on the breakdown of disciplines assigned to state fusion centers.
8. National Health Security Index – opportunity to refine sources for future versions, to include EM. NEMA to resend Index and encourage EMS to review and work with public health officials to review data sources. NEMA to also consider other EM measures that could be considered for future iterations.
9. Identify ways to increase awareness among NEMA and ASTHO members of the work being done by joint policy work group.
    - Publications and correspondence
    - Conferences and training opportunities
    - Share exercise After Actions
10. Schedule quarterly calls with clear objectives and outcomes – information updates, continue to work identified priority issues. Include other state staff. Example of issue for future call would be court action for special needs sheltering.